Injured at Work

What workers' compensation data reveal about work-related musculoskeletal disorders (WMSDs)





Promoting Safer, Healthier Workplaces

Summary of Technical Report Number 40-8a-2004, Work-related Musculoskeletal Disorders in the Neck, Back, and Upper Extremity in Washington State, 1994-2002

Overview of the Study

Objective, Key Findings

The Safety and Health Assessment and Research for Prevention (SHARP) Program examined workers' compensation data to demonstrate the impact of work-related musculoskeletal disorders (WMSDs) in Washington State workplaces.

The data show that WMSDs¹ continue to represent a significant proportion of workers' compensation costs. (See Figure 1.)

- WMSDs account for 27 percent of all accepted State Fund² workers' compensation claims.
- These claims are 35 percent of all compensable³ claims.
- WMSDs account for 41 percent of the cost of State Fund workers' compensation claims (compensable and medical-only).

The fact that WMSDs represent a significant proportion of workers' compensation costs suggests that they should be a high priority for injury prevention.



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FOOTNOTES

- ¹ All references to WMSDs in this summary refer to disorders of the neck, back, hand/wrist, elbow and shoulder, unless otherwise indicated.
- 2 "State Fund" means the workers' compensation program operated by the Department of Labor and Industries. Some large employers are self-insured.
- ³ Generally, "compensable" means the worker received benefits beyond payment of medical bills. These may include partial wage-replacement benefits for being off work four or more days, disability payments, etc.

FIGURE 1. WMSDs of the Neck, Back and Upper Extremities — State Fund Claims



WMSD Risks

- Work-related musculoskeletal disorders are a number of physical conditions affecting muscles, tendons, nerves and joints that are not caused by acute trauma. Examples include back strain, tendinitis and carpal tunnel syndrome. They occur when the physical demands of work damage these areas of the body.
- WMSDs are caused or aggravated by exposures to frequent or heavy manual handling, awkward postures and forceful or repetitive exertions.
- Risk increases as the frequency, duration or intensity of these exposures increase, or multiple risk factors occur at the same time. Fewer injuries and less-severe injuries would occur by reducing the number and frequency of exposures.

Research Methods

In the current study, the SHARP Program researchers examined State Fund workers' compensation claims for general and selected specific hand/wrist, elbow, shoulder, neck and back disorders accepted between 1994 and 2002. They examined closed compensable claims from self-insured employers for general categories because diagnostic codes (ICD-9) were unavailable. Claims data for the lower extremity are not included in this report. Researchers also used a prevention index (PI) to identify and rank industries with a high risk of WMSDs (see page 10). By using current population survey data (1995-2002) as a denominator, researchers also estimated WMSD incidence rates by age, gender and industry sector.

Claims Data: State Fund Claims

Number and Costs of State Fund Claims

Between 1994 and 2002, the State Fund accepted 365,760 claims for WMSDs. (See Table 1.)

- These claims cost \$3.3 billion in medical costs and partial wage-replacement benefits.
- The average cost per WMSD claim was \$3,000 more than the average cost of all claims.

TABLE 1.

State Fund Workers' Compensation Claims:
All Claims, WMSD Claims Compared

	All Claims	WMSD Claims
Total claims 1994-2002	1,360,279	365,760
Percent of all claims	100.0%	26.9%
Total direct cost 1994-2002	\$8,021,465,066	\$3,299,653,962
Average total no. claims per year	151,142	40,640
Percent female	32.3%	36.9%
Median age	34	36
Average yearly claim rate per 10,000 FTEs	1,105.9	297.1
Overall severity rate (lost days) per 10,000 FTEs **	33,810.5	16,206.4
Total compensable claims	318,951	129,340
Percent of total compensable claims	23.5%	35.4%
Overall yearly compensable claims rate per 10,000 FTEs	257.3	104.3
Average time-loss days **	144	176
Median time-loss days **	24	32
Average total direct cost/claim*	\$5,970	\$9,208
Median total direct cost/claim*	\$328	\$666

^{**} based on 1997-2002 compensable time-loss days

^{*} Cost adjusted to 2002 using medical CPI for medical costs and overall CPI for wage replacement benefits.

Affected Body Areas — State Fund Claims

Table 2 displays information about the number and cost of State Fund claims by affected body area.

- WMSDs of the back represent more than 14 percent of all accepted claims.
- WMSDs of the neck require an average of 214 days away from work

TABLE 2.

State Fund WMSD Claims:

Number and Cost of Claims by Affected Body Area

	Neck	Back	Shoulder	Elbow Forearm	Hand Wrist
Total claims 1994-2002	42,771	193,377	45,976	22,770	68,595
Percent of all claims	3.1%	14.2%	3.4%	1.7%	5.0%
Total direct cost 1994-2002	\$128.2M	\$1.6B	\$463.7M	\$111.5M	\$504.7M
Average total number of claims per year	4,752	21,486	5,108	2,530	7,622
Percent female	45.0%	30.3%	36.6%	39.5%	50.9%
Median age	37	35	38	39	36
Average yearly claim rate per 10,000 FTEs	34.7	157.3	37.2	18.4	55.7
Overall severity rate (lost days) per 10,000 FTEs ++	529.1	7,722.9	2,375.9	612.3	969.3
Total compensable claims	20,802	73,719	18,234	7,678	25,748
Percent of accepted claims	48.6%	38.1%	39.7%	33.7%	37.5%
Overall yearly compensable claims rate/10,000 FTEs	16.8	59.5	14.7	6.2	20.9
Average time-loss days **	214	156	210	186	185
Median time-loss days **	39	19	61	52	62
Average total direct cost/claim*	\$11,520	\$8,723	\$11,565	\$6,516	\$8,562
Median total direct cost/claim*	\$674	\$623	\$665	\$474	\$622

^{**} based on 1997-2002 compensable time-loss days

Cost adjusted to 2002 using medical CPI for medical costs and overall CPI for wage replacement benefits.

Table 3 displays information about the number of claims and average costs for selected WMSDs.

- Although claims for sciatica were infrequent, they were the most costly WMSD claim.
- The second and third most-costly WMSD claims were for rotator cuff syndrome and carpal tunnel syndrome, respectively. These claims occurred three to four times as often as sciatica.

TABLE 3.

Number of State Fund Accepted Claims, Average Costs for Selected WMSDs

	Sciatica	Rotator Cuff Syndrome	Epicondylitis	Hand/ Wrist Tendinitis	Carpal Tunnel Syndrome
Total claims 1994-2002	6,742	20,394	14,060	20,674	27,526
Overall yearly claim rate per 10,000 FTEs	5.4	16.4	11.3	16.7	22.2
Overall severity rate (lost days) per 10,000 FTEs	1,673.8	1,911.5	473.3	969.3	1,927.2
Average time- loss days **	449	278	231	226	222
Average total direct cost/claim*	\$57,688	\$24,626	\$9,723	\$10,724	\$18,216

^{**} based on 1997-2002 compensable time loss days

Changes in Compensable Incidence Rates — State Fund Claims

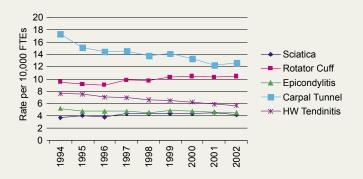
Figure 2 shows the incidence rates for specific WMSD conditions.

- Sciatica increased 2.3 percent per year
- Rotator cuff increased 1 percent per year
- Epicondylitis remained stable at 0.4 percent per year
- Carpal tunnel syndrome decreased significantly at 3.7 percent per year

^{*} Cost adjusted to 2002 using medical CPI for medical costs and overall CPI for wage replacement benefits.

FIGURE 2.

Incidence Rates for Specific WMSD Conditions: State Fund Compensable Claims



Specific WMSD Conditions Illustrated



Rotator Cuff Syndrome Involves inflammation,

degeneration and tear of the tendons around the shoulder (with the supraspinatus tendon most frequently involved).

Illustration courtesy of Mayo Foundation for Medical Education and Research.

Epicondylitis

An inflammation of the tendon at the elbow (lateral epicondylitis or tennis elbow is most common).



Illustration courtesy of Taylor & Francis, LTD.

Hand/wrist Tendinitis

Is the inflammation of the flexor or extensor tendons or their lubricating sheaths (tenosynovitis).

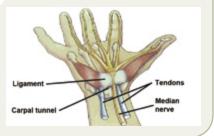
Carpal Tunnel Syndrome

Is the compression of the median nerve at the wrist, due to inflammation.

Sciatica

The sciatic nerve runs between L5 and S1 and can be compressed by herniation of the disk there. Sciatic pain is manifested as radiating back pain that goes below the knee.





Claims Data: Self-insured Employers

The SHARP Program researchers also reviewed data on self-insured employers. These employers tend to be larger companies and represent a different set of risks than employers covered by the State Fund. For self-insured employers, only data on closed compensable claims were available for review. (See Table 4.)

- For the period 1994 to 2002, self-insured employers closed 75,074 compensable WMSD claims, an average of 8,342 per year.
- WMSDs represent 46 percent of the compensable claims closed by self-insured employers.
- WMSDs of the back represent 22 percent of compensable claims in self-insured companies. Table 5 shows claims by affected body area.

TABLE 4.
Characteristics of Compensable WMSD Claims, Self-insured Employers, 1994-2002

	All Claims	WMSDs
Total compensable claims	164,638	75,074
% of all compensable claims	100.0%	45.6%
Average total no. claims/year	18,293	8,342
% female	43.7%	48.0%
Median age	41	40
Average yearly claim rate per 10,000 FTEs	320.5	146.1

TABLE 5.

Compensable WMSD Claims By Affected Body Area, Self-insured Employers, 1994-2002

	Neck	Back	Shoulder	Elbow Forearm	Hand Wrist
Total claims	2,167	37,085	9,606	2,663	12,031
% of all compensable claims	1.3%	22.5%	5.8%	1.6%	7.3%
Average total no. claims/year	241	4,121	1,067	296	1,337
% female	52.0%	41.4%	44.5%	44.9%	58.8%
Median age	39	39	41	41	41
Average yearly claim rate per 10,000 FTEs	4.2	72.3	18.6	5.2	23.4

Compensable Claims Rate — State Fund and Self-insured Employers

The claims rate for all compensable claims and for compensable WMSD claims decreased significantly for both State Fund and self-insured employers. (See Figure 3.)

Rates for compensable back claims decreased 5.6 percent per year for State Fund claims and 5.2 percent per year for self-insured claims.

Upper extremity WMSDs decreased more slowly. State Fund claims decreased 2.4 percent per year. Self-insured claims decreased 2.0 percent per year. (See Figure 4.)

FIGURE 3.

Claims Rates — All Compensable Claims

Compared to Compensable WMSD Claims

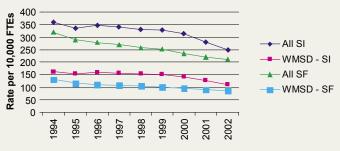


FIGURE 4.

Compensable WMSD Claims for Specific Body Areas



Industries with Highest Risk of WMSDs

SHARP researchers use a prevention index (PI) to identify the industry sectors with the greatest potential for prevention of WMSDs. The PI is the average of an industry's ranking for number of injuries and its ranking for claims rate.

An industry will rank high on the PI if it has a relatively large number of claims and a relatively high claims rate.

SHARP researchers also calculate a rate ratio for each industry. The rate ratio compares the claim incidence rate for each industry with the overall claim incidence rate for all industries in Washington State.

A rate ratio of 3, for example, means that the rate for that industry is three times the overall rate.

Industry Sectors - State Fund Claims

For State Fund employers, construction, manufacturing, and health care were the top three industry sectors on the prevention index. (See Table 6, Page 11.) Claim costs and lost time are also highest in construction.

Industry Sectors – Self-insured Claims

Among self-insured employers, the top three industry sectors on the prevention index were health care, transportation, and retail trade. (See Table 7, Page 12.)

Four-digit NAICS⁴ Ranking by Prevention Index

In addition to the PI ranking by industry sector (two-digit NAICS), SHARP researchers also calculated the PI for the more-specific four-digit NAICS categories. This ranking combined State Fund and self-insured compensable claims.

Couriers had the highest incidence rate, which was 4.6 times the overall WMSD rate for all industries. (See Table 8, Page 13.)

FOOTNOTES

⁴ NAICS is the North American Industry Classification System.

TABLE 6.
Industry Sector Ranking by Prevention Index, State Fund Claims, 1994-2002

NAICS Description	Count	Cost	Lost Work Days	Rate	Rate Ratio
23 Construction	54,852	\$827,672, 851	3,189,575	536.0	1.8
32 Manufacturing (Wood, Paper, Printing)	16,099	\$125,570,587	522,073	481.1	1.6
62 Health Care and Social Assistance	31,462	\$216,133,150	1,024,015	332.8	1.1
33 Manufacturing (Metals, Equipment)	23,380	\$211,299,315	919,014	374.6	1.3
44 Retail Trade (Non-Department Stores)	34,029	\$270,625,673	1,140,441	313.2	1.1
48 Transportation	12,591	\$138,039,144	524,894	453.2	1.5
56 Admin. & Support / Waste Mgmt. & Remediation Serv.	19,667	\$147,302,364	769,989	330.9	1.1
42 Wholesale Trade	25,144	\$198,270,565	825,315	312.4	1.1
72 Accommodation and Food Services	26,875	\$165,373,653	839,323	274.9	0.9
31 Manufacturing (Food, Fabric, Textiles)	9,620	\$78,149,944	349,193	441.5	1.5
92 Public Administration	18,654	\$157,830,291	555,790	267.2	0.9
49 Warehousing and Couriers	2,874	\$20,022,785	101,585	517.9	1.8
11 Agriculture, Forestry, Fishing and Hunting	12,889	\$115,230,254	537,461	247.4	0.8
45 Retail Trade (Department Stores)	10,497	\$68,395,460	340,463	264.3	0.9
81 Other Services (Except Public Admin.)	14,453	\$158,243,613	704,417	238.9	0.8
21 Mining	972	\$14,427,429	49,253	384.2	1.3
22 Utilities	1,281	\$11,862,458	35,465	330.6	1.1
71 Arts, Entertainment, and Recreation	3,755	\$23,912,184	103,256	239.1	0.8
53 Real Estate and Rental and Leasing	8,215	\$66,894,154	294,367	209.0	0.7
61 Educational Services	8,772	\$68,622,456	271,914	139.0	0.5
99 Unclassified Establishments	634	\$5,784,163	18,343	241.0	0.8
54 Professional, Scientific, & Technical Service	7,412	\$61,679,930	253,425	90.1	0.3
51 Information	3,626	\$24,008,915	87,200	126.3	0.4
52 Finance and Insurance	3,522	\$30,103,616	113,932	66.9	0.2
55 Management of Companies and Enterprises	45	\$811,150	2,910	176.3	0.6

2-digit NAICS codes for Industry Sector. NAICS codes are missing for 14,440 claims. Cost adjusted to 2002 using medical CPI for medical costs and overall CPI for wage replacement benefits.

Time-loss days from 1997-2002

TABLE 7.
Industry Sector Ranking by Prevention Index,
Self-insured Claims, 1994-2002

NAICS Description	Count	Rate	Rate Ratio
62 Health Care and Social Assistance	11,454	183.0	1.3
48 Transportation	5,160	353.6	2.4
49 Warehousing and Couriers	3,193	570.7	3.9
45 Retail Trade (Department Stores)	5,839	169.2	1.2
92 Public Administration	6,808	167.1	1.1
44 Retail Trade (Non-Department Stores)	7,764	166.0	1.1
56 Admin/Support & Waste Manage/ Remediation Services	1,617	251.6	1.7
33 Manufacturing (Metals, Equipment)	11,955	124.6	0.9
31 Manufacturing (Food, Fabric, Textiles)	3,168	175.0	1.2
32 Manufacturing (Wood, Paper, Printing)	3,534	167.7	1.2
53 Real Estate and Rental And Leasing	38	190.7	1.3
42 Wholesale Trade	1,439	140.8	1.0
61 Educational Services	5,645	83.2	0.6
23 Construction	835	128.5	0.9
72 Accommodation and Food Services	1,104	121.5	0.8
21 Mining	140	157.9	1.1
51 Information	2,013	67.5	0.5
22 Utilities	783	122.3	0.8
11 Agriculture, Forestry, Fishing and Hunting	1,035	88.5	0.6
81 Other Services (Except Public Administration)	826	119.0	0.8
52 Finance and Insurance	631	34.7	0.2
99 Unclassified Establishments	33	49.9	0.3

TABLE 8.
Four-digit NAICS Ranking by Prevention
Index, Combined State Fund and Self-insured
Compensable Claims

	NAICS Description	Count	Rate	Rate Ratio
4921 Cd	ouriers	3,546	535.8	4.6
	oundation, Structure, & Building Exterior ontractors	5,535	301.8	2.6
6231 Nu	ursing Care Facilities	3,882	304.2	2.6
4811 Sc	cheduled Air Transportation	3,063	363.3	3.1
4841 Ge	eneral Freight Trucking	3,370	279.5	2.4
2383 Bu	uilding Finishing Contractors	3,177	275.7	2.4
2361 Re	esidential Building Construction	4,060	240.6	2.1
6233 Cd	ommunity Care Facilities For The Elderly	2,526	286.5	2.5
5621 W	aste Collection	1,168	382.8	3.3
5617 Se	ervices To Buildings & Dwellings	3,388	218.7	1.9
6221 Ge	eneral Medical & Surgical Hospitals	8,747	197.3	1.7
4451 Gr	rocery Stores	7,741	198.4	1.7
4842 Sp	pecialized Freight Trucking	1,139	280.5	2.4
3219 Ot	ther Wood Product Manufacturing	2,153	217.9	1.9
7213 R	ooming & Boarding Houses	1,280	220.1	1.9
2389 Ot	ther Specialty Trade Contractors	1,517	216.3	1.9
	lumina/Aluminum Production & rocessing	1,243	218.4	1.9
4854 Sc	chool & Employee Bus Transportation	580	390.9	3.4
3116 Ar	nimal Slaughtering & Processing	975	222.0	1.9
4248 Be	eer, Wine, & Distilled Alcoholic Beverage /holesalers	737	234.0	2.0
4521 De	epartment Stores	4,699	167.2	1.4
4244 Gr	rocery & Related Product Wholesalers	2,857	170.9	1.5
2362 No	onresidential Building Construction	1,851	179.0	1.5
3115 Da	airy Product Manufacturing	563	289.4	2.5
NIAICS ar	rouns averaging less than 200 000 hours ne	r vear wer	e exclude	d from

NAICS groups averaging less than 200,000 hours per year were excluded from the analysis

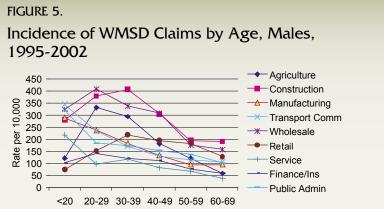
NAICS codes are missing for 6,215 cases

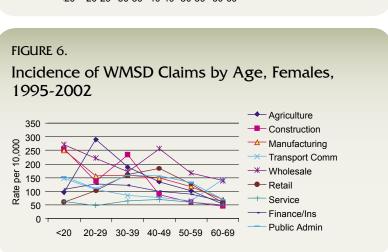
Incidence Rate by Age, Gender and Industry Sector

Rate for Compensable WMSD Claims: State Fund and Self-insured Employers Combined

Male workers and female workers differed in their claims experience by age group and industry sector.

- For men, the highest rates are between ages 20-39, and then rates decline relatively sharply. (See Figure 5.)
- Construction has the highest rates for most male age groups.
- For women, there is a more mixed pattern both by age group and industry sector. (See Figure 6.)

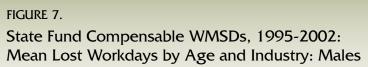




Average Lost Workdays: State Fund Claims

A very different picture emerges for average lost workdays by age and industry sector, for both men and women.

- Mean lost days increase sharply for men with each decade.
 (See Figure 7.)
- For women, the increase in lost time starts to flatten between ages 40 and 50, and decrease after age 60. (See Figure 8.)
 Note: The spike in the transportation sector is the result of three very severe claims with extensive lost time.



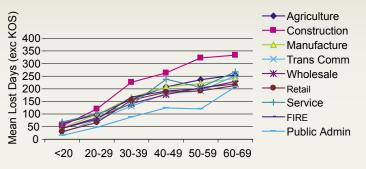
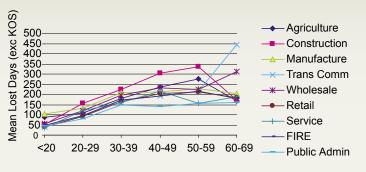


FIGURE 8. State Fund Compensable WMSDs, 1995-2002: Mean Lost Workdays by Age and Industry: Females



Conclusions

Work-related musculoskeletal disorders continue to be a large and costly problem in Washington State.

The highest risks of WMSDs are in industries where workers' jobs involve manual handling and forceful repetitive exertions.

The rates for some WMSDs (back, carpal tunnel syndrome) are decreasing relatively rapidly, while others are stable (epicondylitis) or increasing (rotator cuff, sciatica). This may reflect changes in work environment in some industries (reduced manual handling and repetitive work) that is not occurring in other industries.

Males and females have somewhat different patterns of claims in different industries. This may reflect different jobs within these industry sectors.

The burden of WMSDs is mostly underestimated because the estimates do not include claims data for the lower extremity. In addition, there is evidence in scientific literature that these kinds of disorders are underreported, and the indirect costs to the employer, employee and society are not included.

Full Report Available

This document is a summary of Technical Report Number 40-8a-2004, Work-related Musculoskeletal Disorders in the Neck, Back, and Upper Extremity in Washington State, 1994-2002.

For a full discussion and detailed methodology, contact the SHARP Program to obtain a copy of the full report, authored by Barbara Silverstein, Ph.D., MPH, Darrin Adams, BS, and John Kalat, BA.

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